

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90006 018 ****61.25

DOCUMENT # 732004

Corporation Name

OKALOOSA COUNTY LEGAL AID, INC.

Principal Place of Business

LAW LIBRARY - SADLER ADDITION
OKALOOSA COUNTY COURTHOUSE ANNEX
SHALIMAR FL 32579

Mailing Address

LAW LIBRARY - SADLER ADDITION
OKALOOSA COUNTY COURTHOUSE ANNEX
SHALIMAR FL 32579

CLERK OF CIRCUIT COURT
OKALOOSA COUNTY FL.
CRESTVIEW, FL.



| | | |
|-----------------------------|---------------------|--|
| Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 02/27/1975 |
| City & State | City & State | 4. FEI Number |
| Zip | Zip | 59-2352579 |
| Country | Country | Applied For |
| 25 | 29 | Not Applicable |
| 28 | 30 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

HAUGHT, BRUCE A
501 HWY 98 E
SUITE G
DESTIN FL 32541

10. Name and Address of New Registered Agent

| | |
|---|----------------------|
| 81 Name | Mark H. Welton |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 1020 S. Ferdon Blvd. |
| 83 | |
| 84 City | Crestview |
| 85 | FL |
| Zip Code | 32536 |

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

Mark H. Welton, President OCLA

8-25-99

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

DATE

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------|---|---|--|
| LE | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | HAUGHT, BRUCE A | 1.2 NAME | Mark H. Welton |
| REET ADDRESS | 501 HWY 98 E SUITE G | 1.3 STREET ADDRESS | 1020 S. Ferdon Blvd |
| Y-ST-ZIP | DESTIN FL | 1.4 CITY-ST-ZIP | Crestview, FL 32536 |
| LE | D <input type="checkbox"/> DELETE | 2.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | BURKE, JANIS | 2.2 NAME | Steven Hall |
| REET ADDRESS | 60 SECOND ST, SUITE 203 | 2.3 STREET ADDRESS | 36468 Emerald Coast Pkwy, #2201 |
| Y-ST-ZIP | SHALIMAR FL | 2.4 CITY-ST-ZIP | Destin, FL 32541 |
| LE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | MCGRAIL, MICHAEL | 3.2 NAME | Steve Gilpatrick |
| REET ADDRESS | 327 RACETRACK RD NE SUITE B | 3.3 STREET ADDRESS | 4 11th Ave., Suite 2 |
| Y-ST-ZIP | FT WALTON BCH FL | 3.4 CITY-ST-ZIP | Shalimar, FL 32579 |
| LE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | SHAW, TIMOTHY | 4.2 NAME | |
| REET ADDRESS | 207 FLORIDA PLACE | 4.3 STREET ADDRESS | |
| Y-ST-ZIP | FT WALTON BCH FL | 4.4 CITY-ST-ZIP | |
| LE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | WELTON, MARK | 5.2 NAME | |
| REET ADDRESS | 1078 S FERDON BLVD SUITE B | 5.3 STREET ADDRESS | |
| Y-ST-ZIP | CRESTVIEW FL | 5.4 CITY-ST-ZIP | |
| LE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 6.2 NAME | |
| REET ADDRESS | | 6.3 STREET ADDRESS | |
| Y-ST-ZIP | | 6.4 CITY-ST-ZIP | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Mark H. Welton 25 August 1999 850-682-2120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)